

PTO-919 (09-01)

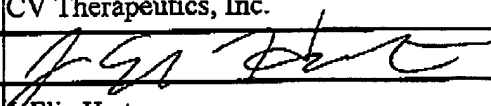
Approved for use through 07/31/2005. OMB 0551-0301

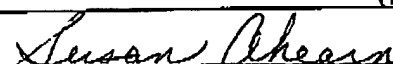
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/759,562	
	Filing Date	January 16, 2004	
	First Named Inventor	Prabha Ibrahim	
	Art Unit	1625	
	Examiner Name	Owens, Amelia A.	
Total Number of Pages in This Submission	2	Attorney Docket Number	01-0159-CIP2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	CV Therapeutics, Inc.		
Signature			
Printed name	Elin Hartum		
Date	2/24/05	Reg. No.	43,663

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. (703) 872-9306			
Signature			Date
Typed or printed name	Susan Ahearn	Date	02/24/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Any Unit No. 01-0159 CIP
Application No. 10759533

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Ibrahim et al.

Confirmation No.: 8096

Serial No.: 10/759,562

Group Art Unit: 1625

Filing Date: January 16, 2004

Examiner: Owens, Amelia A.

Title: Substituted Heterocyclic Compounds

RESPONSE TO REQUIREMENT FOR RESTRICTION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

This is in response to the Requirement for Restriction mailed February 4, 2005, in which the Examiner required restriction between 2 groups of claims:

- (I) claims 1-24 and 28, directed to compounds and pharmaceutical compositions; and
- (II) claims 25-27 and 29, directed to method of use.

In response, applicants elect Group (I), claims 1-35 and 43, without traverse. Applicants expressly reserve their right to file a divisional application under 35 USC § 121 directed to the nonelected subject matter during the pendency of this application.

If the Examiner has any questions concerning this communication, or would like to discuss the application, the art, or other pertinent matters, she is welcome to contact the undersigned attorney at (650) 384-8755.

Respectfully submitted,

2/23/05

By:


J. Elin Hartrum

Registration No. 43,663

CV Therapeutics, Inc.
3172 Porter Drive
Palo Alto, CA 94304
(650) 384-8500 Telephone
(650) 475-0359 Facsimile

S:\LEGAL\CVT\Patent\Docs\01-0159\CIP 2\Restriction Requirement Response.doc